

INDIANA DRUG CONTROL UPDATE

This report reflects significant trends, data, and major issues relating to drugs in the State of Indiana.

Indiana At-a-Glance:

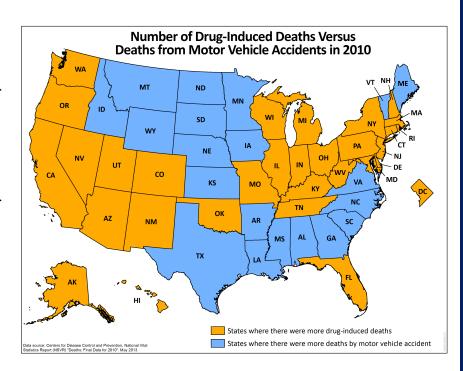
- The number of meth lab seizure incidents in the state of Indiana increased 108%, from 813 incidents in 2007 to 1,695 incidents in 2012.
 - Source: El Paso Intelligence Center's National Seizure System (EPIC-NSS).
- In 2010-2011, Indiana was one of the top ten states for rates of drug-use in several categories, including: past-year non-medical pain reliever use among persons over age 12; and past-year non-medical use of pain relievers among persons age 18-25.

 **Source: National Survey on Drug Use and Health 2009-2010.
- Approximately 8.98 percent of Indiana residents reported past-month use of illicit drugs; the national average was 8.82 percent.
- In 2010, the rate of drug-induced deaths in Indiana was higher than the national average.
- Marijuana is the most commonly cited drug among primary drug treatment admissions in Indiana.

Drug Use Trends in Indiana

Drug Use in Indiana: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health in the United States. In the most recent Survey, 8.98 percent of Indiana residents reported using illicit drugs in the past month. The national average was 8.82 percent. Additionally, 3.66 percent of Indiana residents reported using an illicit drug other than marijuana in the past month (the national average was 3.33 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2009–2010 National Survey on Drug Use and Health: http://store.samhsa.gov/shin/content//SMA11-4641/SMA11-4641.pdf



Drug-Induced Deaths: As a direct consequence of drug use, 964 persons died in Indiana in 2010. This is compared to the number of persons in Indiana who died from motor vehicle accidents (768) and firearms (709) in the same year. Indiana drug-induced deaths (14.9 per 100,000 population) exceeded the national rate (12.9 per 100,000).

Source: WONDER online databases: http://wonder.cdc.gov/cmf-icd10.html

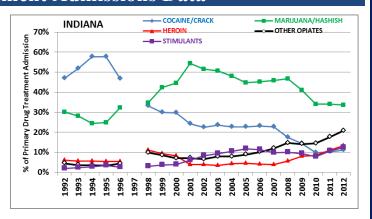
Substance Abuse Treatment Admissions Data

Indiana Primary Treatment Admissions:

The graph on the right depicts substance abuse primary treatment admissions in Indiana from 1992 to 2012. The data show marijuana is the most commonly cited drug among primary drug treatment admissions in the state.

Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration: http://www.samhsa.gov/data/DASIS.aspx#teds

Note: The Treatment Episode Data Set (TEDS) does not display 1997 data for Indiana

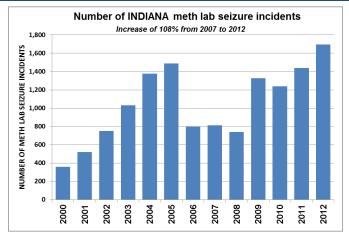


Methamphetamine Lab Seizure Data

Methamphetamine Lab Seizure Incidents:

Nationwide, methamphetamine lab seizures declined drastically following the 2005 Federal Combating Methamphetamine Epidemic Act (CMEA) and similar state laws to control the sale of pseudoephedrine (PSE). Recently, the number of meth labs seized has risen due to "smurfing," which is the bulk purchase of PSE for non-therapeutic reasons, and due to smaller, more mobile "one-pot" labs. Nationwide, meth lab seizures rose 85% between 2007 and 2012. During this time, meth lab seizures in Indiana rose 108% from 2007 to 2012.

Source: EPIC, NSS, extracted 7/7/2013.



State-Level Action: Return pseudoephedrine to prescription-drug status

Facing a steep increase in meth lab incidents, the state of Oregon returned medicines containing PSE to prescription-drug status in 2006. Several years later, the results are promising, with meth lab incidents declining from a high of 467 in 2004 (prior to enactment of the bill) to 12 in 2009 and Oregon officials reporting a virtual "eradication" of smurfing and meth labs. Experiencing a similar rise in meth lab production and trafficking, Mississippi enacted similar legislation, which took effect on July 1, 2010. Mississippi reports that after six months, there has been a nearly 70 percent reduction in meth-related cases statewide.

Source: EPIC, NSS, extracted 11/2010; Bovett, Rob, "Killing the Meth Monster," The New York Times, 16 Nov, 2010.

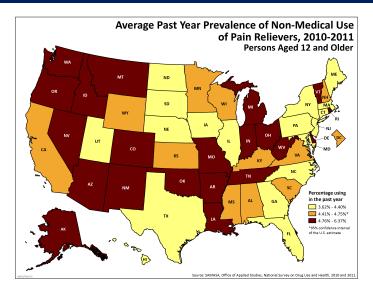
Prescription Drug Abuse

ONDCP's Efforts to Combat Prescription Drug Abuse

Prescription drug abuse is the fastest-growing drug problem in the Nation. The Administration's Prescription Drug Abuse Prevention Plan entitled "Epidemic: Responding to America's Prescription Drug Abuse Crisis," provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers; and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.

State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug epidemics, and detecting drug diversion and insurance fraud. Forty-one states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional 9 states and territories have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing



systems would significantly help reduce prescription drug diversion and abuse.

The **Indiana State Prescription Drug Monitoring Program** is run through the Indiana Scheduled Prescription Electronic Collection and Training (INSPECT) Practitioner Rx History Report, which provides an overview of a patient or practitioner's prescription activity. In early 2004, INSPECT expanded reporting requirements to include all schedule II, III, IV, and V controlled substances. INSPECT was designed to serve as a tool to address the problem of prescription drug abuse and diversion in Indiana by providing patient information for healthcare professionals and an investigative tool for law enforcement.

Source: Indiana Professional Licensing Agency: http://www.in.gov/pla/inspect.htm

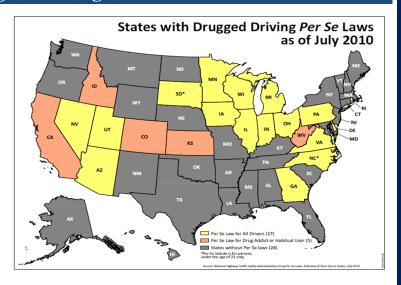
State-Level Action: Drug Take-Back Programs

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

Drugged Driving

ONDCP Action on Drugged Driving

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to consider *Per Se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.



State-Level Action: Enacting Per Se Standards for Impairment

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to develop and implement *Per Se* standards that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States over the past two decades. *Per Se* standards have been adopted in 17 states.

Indiana has a *Per Se* **Standard** stating that any person who operates a vehicle with a controlled substance (Schedule I or II) or its metabolite in the person's body commits a Class C misdemeanor, with a Class A misdemeanor occurring in a manner that causes serious bodily injury or death. It is a defense to the zero tolerance provision if the driver consumed the substance pursuant to a valid prescription or while under a doctor's care.

Source: A State-by-State Analysis of Laws Dealing With Driving Under the Influence of Drugs, by the Walsh Group for the National Highway Traffic Safety Administration.

ONDCP Support for Community-Based Prevention

The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In FY 2013, the following Indiana coalitions received grants from ONDCP:

- Substance Misuse Prevention and Harm Reduction Coalition
- Youth First Inc.
- Porter County Substance Abuse Council
- Drug Free Coalition of Tippecanoe County
- Stayin' Alive, Franklin County LCC
- Decatur County Community Action Coalition
- Adams County Substance Abuse Awareness Council, Inc.
- Delaware County Coordinating Council

- Intersect, Inc.
- Hamilton County Council on Alcohol and Other Drugs
- Grassroots Prevention Coalition of Clark County
- The Drug Free Partnership of LaPorte County
- Neighborhoods Against Substance Abuse
- Drug Free Marion County

Source: Office of National Drug Control Policy http://www.ondcp.gov/dfc/grantee_map.html

National Anti-Drug Media Campaign

ONDCP's National Youth Anti-Drug Media Campaign provides consistent and credible messages (including those in Native American and Alaska Native communities) to young people about drug abuse and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, state, and Federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

Lake County HIDTA: Lake and Porter counties.

•	The Lake county HIDTA has successfully implemented a digital evidence forensics capability that I	has
	made advanced computer, mobile phone, and audiovisual forensic analysis available to local l	aw
	enforcement that otherwise would not have access to these capabilities.	

•	The HIDTA has expanded its Regional Gang Database to encompass much of Northwest Indiana and
	the South Chicago suburbs, having entered over 2,500 validated criminal gang members into the system.
	The database has been upgraded to incorporate emerging technology in the law enforcement intelligence.

Federal Grant Awards Available to Reduce Drug Use in the State of Indiana

The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2012, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2012, your State received support under the grant programs shown below.

Federal Grant Awards That Help Reduce the Availability and Misuse Of Drugs In The State of IN				
Department / Office / Program Name		2012		
Department of Agriculture	\$	15,623,917		
National Institute of Food and Agriculture	(,-)			
Cooperative Extension Service	\$	15,623,917		
Department of Defense	\$	3,000,000		
The Army				
National Guard ChalleNGe Program	\$	3,000,000		
Department of Education	\$	19,958,171		
Office of Elementary and Secondary Education				
Safe and Drug-Free Schools and Communities National Programs	\$	467,846		
Twenty-First Century Community Learning Centers	\$	19,490,325		
Department of Health and Human Services	\$	130,249,984		
Administration for Children and Families				
Promoting Safe and Stable Families	\$	6,966,083		
Transitional Living for Homeless Youth	\$	555,055		
Centers For Medicare and Medicaid Services				
Medical Assistance Program - Grants to States for Medicaid To Treat Substance Abuse	\$	54,278,628		
National Institutes Of Health				
Alcohol Research Programs	\$	16,570,966		
Drug Abuse and Addiction Research Programs	\$	4,089,820		
Substance Abuse and Mental Health Services Administration				
Block Grants for Prevention and Treatment of Substance Abuse	\$	33,055,561		
Projects for Assistance in Transition from Homelessness (PATH)	\$	1,029,000		
Substance Abuse and Mental Health Services Projects of Regional and National Significance	\$	8,960,295		
Substance Abuse and Mental Health Services-Access to Recovery	\$	2,404,987		
Prescription Drug Monitoring Program Electronic Health Record (EHR) Integration	\$	218,614		
Health Resources and Services Administration				
Healthy Start Initiative	\$	2,120,975		
Department of Housing and Urban Development	\$	25,852,975		
Community Planning and Development				
Emergency Solutions Grant Program	\$	5,545,827		
Shelter Plus Care	\$	10,473,236		
Supportive Housing Program	\$	9,833,912		
Department Of Justice	\$	7,859,177		
Office of Justice Programs				
Drug Court Discretionary Grant Program	\$	198,357		
Edward Byrne Memorial Justice Assistance Grant Program	\$	5,246,609		
Edward Byrne Memorial State and Local Law Enforcement Assistance Discretionary Grants Program	\$	165,263		
Harold Rogers Prescription Drug Monitoring Program	\$	394,802		
Juvenile Accountability Block Grants	\$	449,535		
Juvenile Justice and Delinquency Prevention Allocation to States	\$	527,689		
Juvenile Mentoring Program	\$	400,000		
Residential Substance Abuse Treatment for State Prisoners	\$	168,524		
Second Chance Act Prisoner Reentry Initiative	\$	308,398		
Department of Labor	\$	2,598,975		
Employment and Training Administration Reintegration of Ex-Offenders	\$	1,500,000		

Federal Grant Awards That Help Reduce the Availability and Misuse Of Drugs In The State of IN				
Department / Office / Program Name		2012		
Youthbuild	\$	1,098,975		
Department of Transportation	\$	2,522,934		
National Highway Traffic Safety Administration				
Alcohol Impaired Driving Countermeasures Incentive Grants I	\$	2,522,934		
Department of Veteran's Affairs	\$	4,603,329		
Veterans Health Administration				
VA Homeless Providers Grant and Per Diem Program	\$	4,603,329		
Executive Office of The President	\$	4,821,458		
Office of National Drug Control Policy				
Drug-Free Communities Support Program Grants	\$	1,624,959		
High Intensity Drug Trafficking Areas Program	\$	3,196,499		
Grand Total		217,090,920		

File updated 08/01/13.

